

AMENDED IN SENATE JUNE 1, 2016
AMENDED IN SENATE APRIL 14, 2016
AMENDED IN SENATE MARCH 28, 2016

SENATE BILL

No. 1291

Introduced by Senator Beall

February 19, 2016

An act to add Sections 14717.2 and 14717.5 to the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

SB 1291, as amended, Beall. Medi-Cal: specialty mental health: children and youth.

Existing law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services, including specialty mental health services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, specialty mental health services are provided by mental health plans and the department is responsible for conducting investigations and audits of claims and reimbursements for expenditures for specialty mental health services provided by mental health plans to Medi-Cal eligible individuals.

This bill would require each mental health plan, annually on or before July 1 of each year, to submit a foster care mental health service plan to the department detailing the service array, from prevention to crisis services, available to Medi-Cal eligible children and youth under the jurisdiction of the juvenile court and their families. The bill would require annual mental health plan reviews to be conducted by an external

quality review organization (EQRO) and to include specific data for Medi-Cal eligible children and youth under the jurisdiction of the juvenile court and their families, including the number of Medi-Cal eligible children and youth under the jurisdiction of the juvenile court served each year.

This bill would require the department to ~~review~~ *post* the plans and ~~the EQRO reviews and post them any corrective action plan prepared by the mental health plan to address deficiencies identified by the EQRO review~~ on its Internet Web site. The bill would also require the department to notify the mental health plan of any deficiencies and would require the mental health plan to provide a written corrective action plan to the department. ~~The bill would also authorize the director, if he or she believes that a mental health plan is substantially failing to comply with any provision pertaining to the administration of specified benefits for children and youth under the jurisdiction of the juvenile court, to take specified action, including imposing certain sanctions.~~

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 14717.2 is added to the Welfare and
- 2 Institutions Code, to read:
- 3 14717.2. (a) Each mental health plan shall submit an annual
- 4 foster care mental health service plan to the department detailing
- 5 the service array, from prevention to crisis services, available to
- 6 Medi-Cal eligible children and youth under the jurisdiction of the
- 7 juvenile court and their families. These plans shall be consistent
- 8 with the Special Terms and Conditions outlined in the federal
- 9 Centers for Medicare and Medicaid Services (CMS) approved
- 10 waiver authorized under Section 1915 of the Social Security Act,
- 11 Sections 438.204, 438.240, and 438.358 of Title 42 of the Code
- 12 of Federal Regulations. Plans shall be submitted by July 1 of each
- 13 year, beginning in 2017. Prior to submission to the department,
- 14 the board of supervisors of each mental health plan shall approve
- 15 the plan. The plan shall include, but not be limited to, all of the
- 16 following elements:
- 17 (1) The number of Medi-Cal eligible children and youth under
- 18 the jurisdiction of the juvenile court served each year.

1 (2) The number of family members, including foster parents,
2 of children and youth under the jurisdiction of the juvenile court
3 served by the county mental health plans.

4 (3) Details on the types of mental health services provided to
5 children and youth under the jurisdiction of the juvenile court and
6 their families, including prevention and treatment services. These
7 types of services may include, but are not limited to, screenings,
8 assessments, home-based mental health services, outpatient
9 services, day treatment services, or inpatient services, psychiatric
10 hospitalizations, crisis interventions, case management, and
11 psychotropic medication support services.

12 (4) Access to and timeliness of mental health services, as
13 described in Sections 1300.67.2, 1300.67.2.1, and 1300.67.2.2 of
14 Title 28 of the California Code of Regulations and consistent with
15 Section 438.206 of Title 42 of the Code of Federal Regulations
16 available to Medi-Cal eligible children and youth under the
17 jurisdiction of the juvenile court.

18 (5) Quality of mental health services available to Medi-Cal
19 eligible children and youth under the jurisdiction of the juvenile
20 court.

21 (6) Translation and interpretation services, consistent with
22 Section 438.10(c)(4) and (5) of Title 42 of the Code of Federal
23 Regulations and Section 1810.410 of Title 9 of the California Code
24 of Regulations available to Medi-Cal eligible children and youth
25 under the jurisdiction of the juvenile court.

26 (7) Coordination with other systems, including regional centers,
27 special education local plan areas, child welfare, and probation.

28 (8) Family and caregiver education and support.

29 (9) Performance data for Medi-Cal eligible children and youth
30 under the jurisdiction of the juvenile court in the annual external
31 quality review report required by Section 14717.5.

32 (10) Utilization data for Medi-Cal eligible children and youth
33 under the jurisdiction of the juvenile court in the annual external
34 quality review report required by Section 14717.5.

35 (11) Medication monitoring consistent with the Healthcare
36 Effectiveness Data and Information Set (HEDIS), including, but
37 not limited to, the child welfare psychotropic medication measures
38 developed by the State Department of Social Services and the
39 following HEDIS measures related to psychotropic medications:

1 (A) Follow-Up Care for Children Prescribed Attention Deficit
2 Hyperactivity Disorder Medication (HEDIS ADD), which measures
3 the number of children 6 to 12 years of age, inclusive, who have
4 a visit with a provider with prescribing authority within 30 days
5 of the new prescription.

6 (B) Use of Multiple Concurrent Antipsychotics in Children and
7 Adolescents (HEDIS APC), which does both of the following:

8 (i) Measures the number of children receiving an antipsychotic
9 medication for at least 60 out of 90 days and the number of children
10 who additionally receive a second antipsychotic medication that
11 overlaps with the first.

12 (ii) Reports a total rate and age stratifications, including 6 to 11
13 years of age, inclusive, and 12 to 17 years of age, inclusive.

14 (C) Use of First-Line Psychosocial Care for Children and
15 Adolescents on Antipsychotics (HEDIS APP), which measures
16 whether a child has received psychosocial services 90 days before
17 through 30 days after receiving a new prescription for an
18 antipsychotic medication.

19 (D) Metabolic Monitoring for Children and Adolescents on
20 Antipsychotics (HEDIS APM), which does both of the following:

21 (i) Measures testing for glucose or HbA1c and lipid or
22 cholesterol of a child who has received at least two different
23 antipsychotic prescriptions on different days.

24 (ii) Reports a total rate and age stratifications, including 6 to 11
25 years of age, inclusive, and 12 to 17 years of age, inclusive.

26 (b) The department shall ~~review the plan required pursuant to~~
27 ~~subdivision (a) and shall post each plan on its Internet Web site.~~

28 (e) ~~(1) If the department identifies deficiencies in a plan, the~~
29 ~~department shall notify the mental health plan, in writing, of those~~
30 ~~deficiencies pursuant to subdivision (e) of Section 14712.~~

31 ~~(2) After notification, the mental health plan shall provide a~~
32 ~~written corrective action plan to the department within 60 days.~~
33 ~~The department shall notify the mental health plan of approval or~~
34 ~~shall request changes, if necessary, within 30 days after receiving~~
35 ~~the corrective action plan. Final plans shall be made publicly~~
36 ~~available by, at minimum, posting on the department's Internet~~
37 ~~Web site.~~

38 SEC. 2. Section 14717.5 is added to the Welfare and
39 Institutions Code, to read:

1 14717.5. (a) A mental health plan review shall be conducted
2 annually by an external quality review organization (EQRO). The
3 review shall include specific data for Medi-Cal eligible children
4 and youth under the jurisdiction of the juvenile court and their
5 families, including all of the following:

6 (1) The number of Medi-Cal eligible children and youth under
7 the jurisdiction of the juvenile court served each year.

8 (2) The number of family members, including foster parents,
9 of children and youth under the jurisdiction of the juvenile court,
10 including foster parents, served by the mental health plans.

11 (3) Details on the types of mental health services provided to
12 children and their caregivers, including prevention and treatment
13 services. These types of services may include, but are not limited
14 to, screenings, assessments, home-based mental health services,
15 outpatient services, day treatment services or inpatient services,
16 psychiatric hospitalizations, crisis interventions, case management,
17 and psychotropic medication support services.

18 (4) Access to and timeliness of mental health services, as
19 described in Sections 1300.67.2, 1300.67.2.1, and 1300.67.2.2 of
20 Title 28 of the California Code of Regulations and consistent with
21 Section 438.206 of Title 42 of the Code of Federal Regulations
22 available to Medi-Cal eligible children and youth under the
23 jurisdiction of the juvenile court.

24 (5) Quality of mental health services available to Medi-Cal
25 eligible children and youth under the jurisdiction of the juvenile
26 court.

27 (6) Translation and interpretation services, consistent with
28 Section 438.10(c)(4) and (5) of Title 42 of the Code of Federal
29 Regulations and Section 1810.410 of Title 9 of the California Code
30 of Regulations available to Medi-Cal eligible children and youth
31 under the jurisdiction of the juvenile court.

32 (7) Performance data for Medi-Cal eligible children and youth
33 under the jurisdiction of the juvenile court.

34 (8) Utilization data for Medi-Cal eligible children and youth
35 under the jurisdiction of the juvenile court.

36 (9) Medication monitoring consistent with the Healthcare
37 Effectiveness Data and Information Set (HEDIS), including, but
38 not limited to, the child welfare psychotropic medication measures
39 developed by the State Department of Social Services and the
40 following HEDIS measures related to psychotropic medications:

1 (A) Follow-Up Care for Children Prescribed Attention Deficit
2 Hyperactivity Disorder Medication (HEDIS ADD), which measures
3 the number of children 6 to 12 years of age, inclusive, who have
4 a visit with a provider with prescribing authority within 30 days
5 of the new prescription.

6 (B) Use of Multiple Concurrent Antipsychotics in Children and
7 Adolescents (HEDIS APC), which does both of the following:

8 (i) Measures the number of children receiving an antipsychotic
9 medication for at least 60 out of 90 days and the number of children
10 who additionally receive a second antipsychotic medication that
11 overlaps with the first.

12 (ii) Reports a total rate and age stratifications, including 6 to 11
13 years of age, inclusive, and 12 to 17 years of age, inclusive.

14 (C) Use of First-Line Psychosocial Care for Children and
15 Adolescents on Antipsychotics (HEDIS APP), which measures
16 whether a child has received psychosocial services 90 days before
17 through 30 days after receiving a new prescription for an
18 antipsychotic medication.

19 (D) Metabolic Monitoring for Children and Adolescents on
20 Antipsychotics (HEDIS APM), which does both of the following:

21 (i) Measures testing for glucose or HbA1c and lipid or
22 cholesterol of a child who has received at least two different
23 antipsychotic prescriptions on different days.

24 (ii) Reports a total rate and age stratifications, including 6 to 11
25 years of age, inclusive, and 12 to 17 years of age, inclusive.

26 (b) (1) The department shall review the EQRO data for
27 Medi-Cal eligible children and youth under the jurisdiction of the
28 juvenile court and their families.

29 (2) If the EQRO identifies deficiencies in a mental health plan's
30 ability to serve Medi-Cal eligible children and youth under the
31 jurisdiction of the juvenile court, the department shall notify the
32 mental health plan in writing of identified deficiencies.

33 (3) The mental health plan shall provide a written corrective
34 action plan to the department within 60 days of receiving the notice
35 required pursuant to paragraph (2). The department shall notify
36 the mental health plan of approval of the corrective action plan or
37 shall request changes, if necessary, within 30 days after receipt of
38 the corrective action plan. Final corrective action plans shall be
39 made publicly available by, at minimum, posting on the
40 department's Internet Web site.

1 ~~(e) The department shall conduct annual audits of each mental~~
2 ~~health plan for the administration of EPSDT benefits for children~~
3 ~~and youth under the jurisdiction of the juvenile court, consistent~~
4 ~~with Section 14707.5, unless the director determines there is good~~
5 ~~cause for additional reviews. The reviews shall use the standards~~
6 ~~and criteria established pursuant to Sections 1300.67.2, 130067.2.1,~~
7 ~~and 1300.67.2.2 of Title 28 of the California Code of Regulations~~
8 ~~related to access to, and timelines of, services adopted pursuant to~~
9 ~~the Knox-Keene Health Care Service Plan Act of 1975, as~~
10 ~~appropriate. The department may contract with professional~~
11 ~~organizations, as appropriate, to perform the periodic review~~
12 ~~required by this section. The department, or its designee, shall~~
13 ~~make a finding of fact with respect to the ability of the mental~~
14 ~~health plan to provide quality health care services, effectiveness~~
15 ~~of peer review, and utilization control mechanisms, and the overall~~
16 ~~performance of the mental health plan in providing mental health~~
17 ~~care benefits to its enrollees. The director shall publicly report the~~
18 ~~findings of finalized annual audits conducted pursuant to this~~
19 ~~section as soon as possible, but no later than 90 days following~~
20 ~~completion of a corrective action plan initiated pursuant to the~~
21 ~~audit, if any, unless the director determines, in his or her discretion,~~
22 ~~that additional time is reasonably necessary to fully and fairly~~
23 ~~report the results of the audit.~~

24 ~~(d) If the director believes that a mental health plan is~~
25 ~~substantially failing to comply with any provision of this code or~~
26 ~~any regulation pertaining to the administration of EPSDT benefits~~
27 ~~for children and youth under the jurisdiction of the juvenile court,~~
28 ~~and the director determines that formal action may be necessary~~
29 ~~to secure compliance, he or she shall inform the county behavioral~~
30 ~~health director and the board of supervisors of that failure. The~~
31 ~~notice to the county behavioral health director and board of~~
32 ~~supervisors shall be in writing and shall allow the county and the~~
33 ~~mental health plan a period of time specified by the department,~~
34 ~~but in no case less than 30 days, to correct the failure to comply~~
35 ~~with the law or regulations. If within the specified period the county~~
36 ~~and the mental health plan do not comply or provide reasonable~~
37 ~~assurances in writing that they will comply within the additional~~
38 ~~time as the director may allow, the director may order a~~
39 ~~representative of the county to appear at a hearing before the~~
40 ~~director to show cause why the director should not take~~

1 ~~administrative action to secure compliance. The county shall be~~
2 ~~given at least 30 days' notice of the hearing. The director shall~~
3 ~~consider the case on the record established at the hearing and,~~
4 ~~within 30 days, shall render proposed findings and a proposed~~
5 ~~decision on the issues. The proposed findings and decisions shall~~
6 ~~be submitted to the county, and the county shall have the~~
7 ~~opportunity to appear within 10 days, at a time and place as may~~
8 ~~be determined by the director, for the purpose of presenting oral~~
9 ~~arguments respecting the proposed findings and decisions.~~
10 ~~Thereupon, the director shall make final findings and issue a final~~
11 ~~administrative decision.~~

12 ~~(e) If the director determines, based on the record established~~
13 ~~at the hearing pursuant to subdivision (d), that the county is failing~~
14 ~~to comply with laws or regulations pertaining to a program~~
15 ~~administered by the department, and that administrative sanctions~~
16 ~~are necessary to secure compliance, the director may invoke~~
17 ~~sanctions allowable under subdivision (e) of Section 14712.~~